Psychotic and Anxiety Disorders

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Outline

- Discuss diagnostic criteria for the major psychotic and anxiety disorders
- Discuss the aeromedical and general duty dispositions
- Discuss the treatment

Psychotic Disorders

General

- Psychosis: a gross impairment in reality testing
- Symptoms:
  - hallucinations (5 senses)
  - delusions (fixed, false belief)
  - disorganized speech (ex. incoherent)
  - grossly disorganized behavior (or catatonic)

General (cont.)

- Diagnosis usually NPQ/unfit - and results in a Medical Board discharge
- Three exceptions to the above rule!
- Potentially very dangerous (suicide and violent behavior towards others)
- DO NOT MISS ORGANIC CAUSES! (potentially lethal)

Classification

- Psychotic Disorder Due to a General Medical Condition
- Substance-Induced Psychotic Disorder
- Delirium
- Dementia
- Schizophrenia
- Schizophreniform Disorder
- Brief Psychotic Disorder

(Cont.)

- Schizoaffective Disorder
- Delusional Disorder
- Atypical Psychotic Disorders
- Culture-Bound Psychotic Syndromes
- Psychotic Disorder NOS

Psychotic Disorder Due to a General Medical Condition

- Diagnosis: hallucinations or delusions
  organic cause
- CNS:
  epilepsy (TLE) brain trauma
  neoplasm
- Infections:
  viral/bacterial (meningitis, encephalitis
  HIV
  neurosyphilis

Other Organic Causes

- carbon monoxide poisoning
- heavy metals poisoning
- SLE (lupus)
- Wilson’s disease
- NPH (normal pressure hydrocephalus)

(Cont.)

- Aeromedical disposition:
  - NPQ while patient is psychotic
  - unfit while patient is psychotic
  - reverts to PQ when symptoms resolved and the underlying “organic factors are identified and deemed unlikely to recur”
  - no waiver needed
- Treatment: underlying condition; neuroleptic/benzodiazepine for agitation

Substance-Induced Psychotic Disorder

- Diagnosis: hallucinations or delusions caused by medication use (within one month of intoxication or withdrawal)
- Drugs:

  hallucinogens (LSD, PCP, mescaline)

  stimulants (cocaine, amphetam., ephedrine)

  other - steroids, antihistamines, thyroxin, disulfiram, anticholinergics (atropine

(Cont.)

- Aeromedical disposition:
  - NPQ/unfit while patient is psychotic
  - reverts to PQ/fit when resolved (unless the cause was alcohol or illicit drugs)
  - no waiver needed
- Treatment:
  - stop the drug!
  - neuroleptic/benzodiazepine for agitation

Schizophrenia - Diagnosis

- Two or more “characteristic” symptoms:
  - delusions
  - hallucinations
  - disorganized speech (ex. incoherent)
  - grossly disorganized or catatonic behavior
  - negative symptoms (flat affect, social withdrawal, anhedonia, apathy)
- Functional deterioration (work, social)
- Duration six or more months

Schizophrenia - Characteristics

- 1% lifetime prevalence
- median age of onset - 15 to 25 (men)
- five subtypes (ex., paranoid, catatonic, disorganized)
- 10 - 15% suicide (50% attempt)
- potential for violence

Schizophrenia (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - medical board discharge
  - no waiver
- Treatment:
  - antipsychotics (haloperidol, risperidone, clozapine, olanzapine, sertindole)

Schizophreniform Disorder

- Diagnosis:
  - same symptoms as for schizophrenia
  - symptoms last for more than one month but less than six months
- Characteristics:
  - abrupt onset of symptoms
  - precipitating stressor often present
  - better prognosis than for schizophrenia

Schizophreniform Disorder (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - medical board discharge
  - no waiver
- Treatment: same as for schizophrenia

Brief Psychotic Disorder ("Brief Reactive Psychosis")

- Diagnosis:
  - psychotic symptoms (often fewer and less severe than for schizophrenia)
  - symptoms resolve within one month
- May be caused by a significant stressor (ex. combat, natural disaster)
- abrupt onset of symptoms
- good prognosis (50% to 80% have no future psychiatric illness)

Brief Psychotic Disorder (cont.)

- Aeromedical disposition:
  - NPQ/unfit (limited duty medical board)
- Waiver possible if:
  - significant precipitating stressor
  - good prognostic features (ex. abrupt onset, brief duration, mood symptoms)
  - one year after all symptoms resolved without recurrence, and taking no psychotropic medications

Schizoaffective Disorder

- Diagnosis:
  - symptoms of both schizophrenia and a mood disorder (ex. depression, mania)
  - at least two weeks of psychotic symptoms without mood symptoms
- Characteristics:
  - better prognosis than schizophrenia
  - worse prognosis than mood disorder

Schizoaffective Disorder (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - medical board discharge
  - no waiver
- Treatment:
  - antidepressant (SSRI) or mood stabilizer (lithium, valproic acid, carbamazepine)
  - neuroleptic only if essential; short term

Delusional Disorder

- Diagnosis:
  - nonbizarre delusion for at least 1 month
  - functioning not greatly impaired
- Types:
  - erotomanic
  - grandiose
  - jealous
  - persecutory
  - somatic
  - mixed
- Less common than schizophrenia
- May begin after a specific stressor

Delusional Disorder (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - medical board discharge
- Treatment:
  - neuroleptic (haloperidol, risperidone, pimozide)

Atypical Psychotic Disorders

- Example: Shared Psychotic Disorder

  (folie a deux)

- Aeromedical disposition:

  - NPQ/unfit
  - medical board discharge
  - no waiver

Culture-Bound Psychotic Syndromes

- Many examples that are culture specific
- Example: Koro (disappearing genitals or breasts)

Psychotic Disorder, NOS (Not Otherwise Specified)

- Diagnosis: psychotic symptoms that do not meet criteria for any specific psychotic d.o.
- Examples:
  - Postpartum psychosis (probably a bipolar or depressive disorder)
  - Capgras's syndrome (familiar people are replaced by impostors)
  - Lycanthropy (werewolf delusion)
  - Autoscopic psychosis
- Disposition: NPQ/unfit/no waiver/board

Summary

- Disposition for most psychotic disorders is NPQ/unfit - with no waiver possible
- Exceptions:
  - Psychotic Disorder Due to a General Medical Condition
  - Substance-Induced Psychotic Disorder
  - Brief Psychotic Disorder (with marked precipitating stressor and good prognostic features)

Anxiety Disorders

Definitions

- normal anxiety = apprehension + autonomic symptoms
- pathological anxiety = inappropriate anxiety
- fear = dread due to a known threat

General Characteristics

- common
- lifetime prevalence: 30.5% male
  19.2% female
- comorbidity common (ex. depression, substance abuse, several anxiety disorders)
- significant suicide risk
- genetic predisposition (especially panic disorder)

DSM-IV Classification

- Anxiety Disorder Due to a General Medical Condition
- Substance-Induced Anxiety Disorder
- Panic Disorder (+/- Agoraphobia)
- Agoraphobia
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder

Classification (cont.)

- Generalized Anxiety Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Anxiety Disorder, NOS

Anxiety Disorder Due to a General Medical Condition

- Most commonly presents with panic attacks
- Neurological:
  - CNS trauma
  - subarachnoid hemor.
  - migraine
  - epilepsy (TLE)
- Endocrine:
  - thyroid dysfunc.
  - pheochromocytoma
  - hypoglycemia
  - diabetes
- Pulmonary: asthma

Organic Causes (cont.)

- Hypoxia:

  - anemia - cardiac arrhythmia - MI

- Other:

  - heavy metal poisoning - mononucleosis

  - electrolyte imbalance

- Treatment: “fix” the underlying condition

Substance-Induced Anxiety Disorder

- Anxiety occurs during, or within one month of, substance intoxication or withdrawal
- alcohol
- stimulants: amphetamine, cocaine, caffeine
- serotinergics: LSD, MDMA, PCP
- inhalants: solvents, glue, gasoline, paint
- prescription: antidepressants
  benzodiazepines
  PCN, sulfonamides, ASA

Panic Disorder (with or without Agoraphobia)

- Panic attack = discrete period of intense fear or discomfort + at least 4 (of 13) symptoms that start abruptly and peak within 10 min.
- Diagnosis:

  - recurrent, unexpected panic attacks
  - at least 1 month of concern about having another attack, the result of an attack (MI, CVA), or change in behavior due to attack
  - not caused by organic or specific stressor

Agoraphobia

- anxiety about being in a situation where*, if one has a panic attack,* escape would be hard or help would not be available
- can diagnose alone or with Panic Disorder

Panic Disorder (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - limited duty or medical board discharge
  - waiver possible 1 year after condition resolved, off meds, treatment ended
- Treatment:
  - medical work-up
  - behavioral therapy
  - drugs: antidepressant (SSRI, TCA, MAOI)
    benzodiazepine (alpraz., clonazapm

Social Phobia

- Diagnosis:
  - fear of scrutiny or exposure to strangers
  - patient fears showing anxiety or acting in an embarrassing way
  - interferes with social or job functioning
- Aeromedical disposition:
  - PQ/fit generally
  - NPQ if mission execution (training) or flight safety compromised

Social Phobia - Treatment

- cognitive-behavioral therapy
- exposure therapy (desensitization)
- b-blocker (propanolol, atenolol)
- benzodiazepine (alprazolam, clonazapam)
- MAOI (Nardil)
- SSRI

Specific Phobia

- marked, unreasonable fear of specific stimulus or situation
- stimulus avoided
- interferes with functioning
- most common (to least common):

  animals, storms, heights, illness, injury, death

Specific Phobia (cont.)

- Aeromedical disposition:
  - PQ/fit generally
  - NPQ if mission execution or flight safety impacted
  - waiver possible 1 year after condition resolved, off meds, not in treatment
- Treatment: exposure therapy (desensitiz.)
  cognitive-behavioral therapy

Obsessive-Compulsive Disorder (OCD)

- either obsessions or compulsions
- obsession: intrusive thoughts or impulses that cause anxiety and are ego-alien (dislike
- compulsion: repetitive behaviors or mental acts that one feels compelled to do to neutralize the obsession
- o. and c. - cause marked distress
  - time-consuming (1+ hours/day)
  - interfere with functioning

OCD Presentation (cont.)

- Most common to least common:

obsession	compulsion
contamination	washing, cleaning
doubt	checking
repetitive thought	mental rituals
symmetry/precision	slowness

OCD (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - limited duty or medical board
  - waiver possible 1 year after condition resolved, off meds, out of treatment
- Treatment:
  - behavioral therapy (exposur, response prev
  - meds: SSRI (fluvoxamine), clomipramine
  - heroic: ECT, psychosurgery

Posttraumatic Stress Disorder (PTSD) - Diagnosis

- symptoms present more than one month
- exposure to a traumatic event that caused intense fear, helplessness, or horror
- reexperience the event (flashbacks, night-mares, distress when reminded of event)
- avoidance/numbing (amnesia, intentional forgetting, detachment, anhedonia)
- hyperarousal (insomnia, irritable, hypervigilant, startles easily)

PTSD (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - limited duty or medical board discharge
  - waiver possible 1 year after condition resolved, off meds, out of treatment
- May see delayed onset (months to years after the traumatic event)

PTSD - Treatment

- psychotherapy (cognitive-behavioral)
- EMDR (Eye-Movement Desensitization and Reprocessing)
- depression: SSRI, TCA
- insomnia: zolpidem, trazodone, benzos.
- hyperarousal: clonidine, propanolol
- anxiety: benzodiazepine (clonazepam)
- impulsivity/mood lability: valproic acid

Acute Stress Disorder

- Like PTSD, except symptoms last less than one month and begin within one month of the traumatic event
- dissociation symptoms (numbing, dazed, derealization, depersonalization, amnesia)
- reexperience the trauma
- avoidance
- hyperarousal

Acute Stress Disorder (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - limited duty medical board
  - waiver possible 6 months after condition resolved, off meds, out of treatmnt
- Prevention: Critical Incident Stress Debrief (CISD) within 72 hours after a traumatic event

Generalized Anxiety Disorder (GAD)

- symptoms last at least six months
- excessive worry abut several life circumstances
- autonomic arousal (irritable, tense, insomnia, etc.)
- symptoms interfere with functioning

GAD (cont.)

- Aeromedical disposition:
  - NPQ/unfit
  - limited duty or medial board discharge
  - waiver possible one year after condition resolved, off meds, out of treatment
- Treatment:
  - psychotherapy (cognitive-behavioral)
  - drugs: buspirone, benzodiazepin, SSRI

Summary

- Look for organic causes and treat
- All anxiety disorders can be waived one year after condition resolved, off meds, out of treatment
- Simple Phobia and Specific Phobia usually PQ
- All other anxiety disorder diagnoses are NPQ/unfit

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